

STATE OF HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION HIOSH COMMITTEE

Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813

Occupational Safety And Health Professional INSTRUCTION SHEET FOR EXPERIENCE FORM

Instructions

Please completely fill out the EXPERIENCE FORM.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail or In-Person

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division Princess Keelikolani Building, 830 Punchbowl Street, Room 425, Honolulu, Hawaii 96813 Phone: (808) 586-9116

Delivery via Fax

Department of Labor and Industrial Relations, Hawaii Occupational Safety & Health Division (808) 586-9104



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Occupational Safety And Health Professional EXPERIENCE FORM

FORM MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

Applicant	Last	First	Middle	FILE NUMBER (OFFICE USE ONLY)
Date of Em	nlovment		Employer	
l ,	Day / Year	to Month / Day / Yea		
Employer A	address			Telephone (<i>Include Area Code</i>) (
Position Tit	le		Dates employed in this positi Month / Day / Year	on to Month / Day / Year
Was this a ☐ ☐ Yes	full-time position?	Percentage of time spent in Occup	pational Safety & Health work	۲ <u></u> %
Supervisor	Name		Title	
Describe di	uties which exhibit	knowledge and familiarity with HIO	SH standards:	
Date of Em	ployment		Employer	
Month /	,	to Month / Day / Yea		
Employer A	ddress			Telephone (<i>Include Area Code</i>)
Position Tit	le		Dates employed in this positi	on
			Month / Day / Year	to Month / Day / Year
Was this a ⊓	full-time position? ☐ No	Percentage of time spent in Occup	pational Safety & Health work	K%
Supervisor	Name		Title	
Describe di	uties which exhibit	knowledge and familiarity with HIO	SH standards:	

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Date of Employment		Employer					
Month / Day / Year	to Month / Day / Yea	ar					
Employer Address		·	Telephone (<i>Include Area Code</i>)				
Position Title	Position Title Dates employed in this position						
		Month / Day / Year	to Month / Day / Year				
Was this a full-time position? ☐ Yes ☐ No	Percentage of time spent in Occup	<u> </u>	%				
Supervisor Name		Title					
Describe duties which exhibit knowledge and familiarity with HIOSH standards:							
Date of Employment		Employer					
i ' ,	, ,						
Month / Day / Year	to Month / Day / Yea	ar					
Employer Address			Telephone (<i>Include Area Code</i>) ()				
Position Title		Dates employed in this position					
		Month / Day / Year	to Month / Day / Year				
Was this a full-time position?	_	-	· · · · · · · · · · · · · · · · · · ·				
☐ Yes ☐ No							
Supervisor Name		Title					
Describe duties which exhibit l	knowledge and familiarity with HIO	SH standards:					
Data of Employment		[Canada van					
Date of Employment	, ,	Employer					
Month / Day / Year	to Month / Day / Yea	ar					
Employer Address			Telephone (<i>Include Area Code</i>)				
Position Title		Dates employed in this position	,				
		Month / Day / Year	to Month / Day / Year				
Was this a full-time position? ☐ Yes ☐ No	Percentage of time spent in Occup	pational Safety & Health work _	%				
Supervisor Name		Title					
Describe duties which exhibit knowledge and familiarity with HIOSH standards:							
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Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.